

Required Dues Remittance Form

For Office Use Only	
R _____	D _____
P _____	Ck# _____

PTA Name: _____

County: _____

Submitted by: _____

Email _____

# _____ Members	x \$2.25 for National PTA Dues = \$ _____ plus
	x \$1.75 for State PTA Dues = \$ _____
	TOTAL DUES ENCLOSED \$ _____
	(\$4.00 per member)
DONATION TO NCPTA (OPTIONAL)	\$ _____

DATES FOR REPORTING MEMBERSHIP
National and State dues must be submitted to the State Office by the 15th of every month. (by October 15 to qualify for the Blue Key Membership Award).

TREASURER: _____

Address _____

_____ Phone () _____

Email: _____

PRESIDENT: _____

Address _____

_____ Phone () _____

Email: _____

Make check payable and mail to:

**North Carolina PTA
3501 Glenwood Avenue
Raleigh, NC 27612**

The state portion of dues submitted by a local unit will not be refunded except in case of extraordinary circumstances. (Review refund policy at www.ncpta.org)

The National dues portion is remitted monthly to National PTA by NCPTA.

6/14



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